

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SMP		FEC IDENTIFICATION NUMBER ▼ C C00484642
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2022
Mailing Address 3050 K St NW Ste 100		Amount 149470.25
City Washington	State DC	Zip Code 20007-5161
Purpose of Expenditure Media Buy - Estimate	Category/ Type	Transaction ID : 500153414 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Johnson, Ronald, ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2022
Mailing Address 3050 K St NW Ste 100		Amount 499670.00
City Washington	State DC	Zip Code 20007-5161
Purpose of Expenditure Media Buy - Estimate	Category/ Type	Transaction ID : 500153415 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Johnson, Ronald, ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	649140.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lambe, Rebecca, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 05 / 2022

Signature